

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 9	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE		FIRST	MI	OFFICE USE ONLY RECEIVED CITY OF SAN ANTONIO CITY CLERK JUL 15 PM 2:00 Date Received
	NICKNAME		LAST	SUFFIX	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX:		APT / SUITE #:	CITY: STATE: ZIP CODE
5 CAMPAIGN TREASURER NAME		TITLE		FIRST	MI
		NICKNAME		LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY: STATE: ZIP CODE
7 CAMPAIGN TREASURER PHONE		AREA CODE		PHONE NUMBER	EXTENSION
8 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
9 PERIOD COVERED		Month Day Year THROUGH Month Day Year 1 / 1 / 03 6 / 30 / 03			
10 ELECTION		ELECTION DATE		ELECTION TYPE	
		Month Day Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special NA / / NA	
11 OFFICE		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
		NA		NA	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages		.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name: NA Address / PO Box: Apt / Suite #: City: State: Zip Code: NA			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Bobby Perez

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

NA

COMMITTEE ADDRESS

NA

COMMITTEE CAMPAIGN TREASURER NAME

NA

COMMITTEE CAMPAIGN TREASURER ADDRESS

NA

17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 9441.12

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bobby Perez, this the 15th day of July, 2003, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

03 JUL 15 PM 2:02

1 Total pages Schedule F:

1/8

2 FILER NAME

Borzy Perce

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Master Card

6

Amount
(\$)

6 Payee address; City; State; Zip Code

1/1/03

S.A. Teachers Credit Un. 2023 Gold Canyon Rd. 78232

25.24

8 Purpose of payment (See instructions regarding type of information required.)

Postage

9

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

City of San Antonio, TX

Amount
(\$)

Payee address; City; State; Zip Code

1/10/03

Main Plaza 78205 San Antonio, TX

195.01

Purpose of payment (See instructions regarding type of information required.)

Telephone Expenses

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Phillip Cortez Campaign

Amount
(\$)

Payee address; City; State; Zip Code

1/19/03

San Antonio, TX 782

500.00

Purpose of payment (See instructions regarding type of information required.)

Contribution

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Josh Copeland Campaign

Amount
(\$)

Payee address; City; State; Zip Code

1/19/03

P.O. Box 781386
San Antonio, TX 78278

500.00

Purpose of payment (See instructions regarding type of information required.)

Contribution

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

03 JUL 15 PM 2:02

1 Total pages Schedule F:

2/8

2 FILER NAME

Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

United States Post Office

7

Amount
(\$)

6 Payee address; City; State; Zip Code

1/26/03

Lanier Heights Branch Vance Jackson, San Antonio 78201

349.22

8 Purpose of payment (See instructions regarding type of information required.)

Postage for mail to District

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Boys & Girls Club

Amount
(\$)

Payee address; City; State; Zip Code

1/30/03

2614 W. Commerce
San Antonio, TX 78204

350.00

Purpose of payment (See instructions regarding type of information required.)

Donation

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Eckerd Drug Store (Photo Lab)

Amount
(\$)

Payee address; City; State; Zip Code

1/26/03

San Pedro San Antonio TX

\$588.85

Purpose of payment (See instructions regarding type of information required.)

Processing Fee for EADS to constituents

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

City of San Antonio

Amount
(\$)

Payee address; City; State; Zip Code

1/30/03

Market Plaza San Antonio TX 78205

136.06

Purpose of payment (See instructions regarding type of information required.)

Telephone Expenses

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3/8

2 FILER NAME

Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

REGAL CINEMA

7

Amount
(\$)

6 Payee address; City; State; Zip Code

BASSE Rd. San Antonio TX

\$250.00

8 Purpose of payment (See instructions regarding type of information required.)

bits for District 1 Staff

9

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Rosarios-

Payee address; City; State; Zip Code

Amount
(\$)

1/30/03 910 So. Alamo San Antonio, TX 78205

\$878.98

Purpose of payment (See instructions regarding type of information required.)

District 1 year end event

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Westin Hotel

Payee address; City; State; Zip Code

Amount
(\$)

1/13/03 420 W Market St. San Antonio, TX 78205

106.24

Purpose of payment (See instructions regarding type of information required.)

Meeting Expenses for Constituent Meeting

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Thomas Aquilino Campaign

Payee address; City; State; Zip Code

3126 N St Marys St

San Antonio, TX 78212

Amount
(\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

Contribution

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURESRECEIVED
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CITY CLERK**SCHEDULE F**

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1 Total pages Schedule F: 9/8

2 FILER NAME

BOBBY PEREZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

San Antonio Talons Organization

7 Amount (\$)

6 Payee address; City; State; Zip Code

6/19/03 150 Bear Crossing San Antonio, TX 78232

\$500.00

8 Purpose of payment (See instructions regarding type of information required.)

Contribution

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Rolando Gatierrrez Campaign

Amount (\$)

Payee address; City; State; Zip Code

6/23/03 603 URBAN Loop San Antonio, TX 78205

1000.00

Purpose of payment (See instructions regarding type of information required.)

Contribution

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

CD Solutions

Amount (\$)

Payee address; City; State; Zip Code

6/23/03 PO Box 681871 San Antonio TX 78268

329.00

Purpose of payment (See instructions regarding type of information required.)

Computer Repair/Service/Hardware

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Mail Boxes Etc

Amount (\$)

Payee address; City; State; Zip Code

6/19/03 McCullough San Antonio TX 78212

\$54.90

Purpose of payment (See instructions regarding type of information required.)

Postage

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

03 JUL 15 PM 2:02

1 Total pages Schedule F:

5/8

2 FILER NAME

Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Ricardo Godinez Campaign

7 Amount (\$)

6 Payee address; City; State; Zip Code

520 PECAN ST. Suite G
McAllen, TX 78501

\$ 1000.00

2/25/03

8 Purpose of payment (See instructions regarding type of information required.)

Contribution

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

San Antonio Live Stock Exposition

Amount (\$)

Payee address; City; State; Zip Code

P.O. Box 200230

San Antonio, TX 78220

300.00

3/10/03

Purpose of payment (See instructions regarding type of information required.)

Scholarship Fund Contribution

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

City of San Antonio;

Amount (\$)

Payee address; City; State; Zip Code

MAIN Plaza San Antonio, TX 78205

9,22

3/26/03

Purpose of payment (See instructions regarding type of information required.)

Telephone Expenses

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

United States Postal Service

Amount (\$)

Payee address; City; State; Zip Code

Lowell Heights Branch Vance Jackson San Antonio, TX 78201

314.50

3/25/03

Purpose of payment (See instructions regarding type of information required.)

Mail Expenses (Postage)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 03 JUL 15 PM 2:02

1 Total pages Schedule F: 6/8

2 FILER NAME

Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

American Cancer Society

7 Amount (\$)

6 Payee address;

City; State; Zip Code

4/3/03

8115 Data Point

San Antonio TX

78229

\$100.00

8 Purpose of payment (See instructions regarding type of information required.)

Contribution

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Hotel Valencia

Amount (\$)

Payee address;

City; State; Zip Code

4/24/03

150 E Houston St

San Antonio 78205

108.72

Purpose of payment (See instructions regarding type of information required.)

Event Expenses

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

City of San Antonio

Amount (\$)

Payee address;

City; State; Zip Code

5/13/03

Main Plaza

San Antonio TX

78205

121.33

Purpose of payment (See instructions regarding type of information required.)

Telephone Expenses

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Bohannon's

Amount (\$)

Payee address;

City; State; Zip Code

4/15/03

153 E. Houston St

San Antonio TX

78205

\$138.94

Purpose of payment (See instructions regarding type of information required.)

Meeting Expenses w/ Council from McAllen, TX

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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CITY CLERK

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03 JUL 15 PM 2:02

1 Total pages Schedule F:

7/8

2 FILER NAME

Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

City of San Antonio

7 Amount (\$)

6 Payee address; City; State; Zip Code

3/26/03

Main Plaza

San Antonio, TX 78205

200.00

8 Purpose of payment (See instructions regarding type of information required.)

Event Tickets for constituents

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Kevin Lopez

Amount (\$)

Payee address; City; State; Zip Code

6/2/03

San Antonio, TX 78205

500.00

Purpose of payment (See instructions regarding type of information required.)

Services Rendered

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

RTC Florists

Amount (\$)

Payee address; City; State; Zip Code

6/19/03

1420 Fredricksburg Rd San Antonio, TX

148.3

Purpose of payment (See instructions regarding type of information required.)

Constituent Events and Meetings

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Double Daves

Amount (\$)

Payee address; City; State; Zip Code

5/19/03

2836 San Pedro San Antonio TX

19.35

Purpose of payment (See instructions regarding type of information required.)

Board Member Lunch w/ Appointees

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

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03 JUL 15 PM 2:02

1 Total pages Schedule F:

8/8

2 FILER NAME

Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

3/26/03

RTC Florists

6 Payee address; City; State; Zip Code

1420 Fredricksburg

San Antonio TX

78201

\$ 97.09

~~5124~~

8 Purpose of payment (See instructions regarding type of information required.)

Flowers for Constituent Deaths

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3/26/03

Driskill Hotel

Payee address; City; State; Zip Code

604 Brazos St

Austin TX

78701

\$ 254.47

Purpose of payment (See instructions regarding type of information required.)

TRAVEL/LODGING Expenses for Real Estate Conference

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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